PRINTED: 10/2/2023 FORM APPROVED 2567-L

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
	39C0001305				00	07/07/2023	
NAME OF PROVIDER OR SUPPLIER:  CAPITAL SURGERY AND LASER CENTER, LLC  STATE LICENSE NUMBER: 23651501			STREET ADDRESS, 10 CAPITAL I HARRISBURG	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  OF		
Q 0000	This report is the result recertification survey of Capital Surgery and Laddetermined the facility with the requirements 416 - Conditions for C Surgical Centers.	conducted on July 7, aser Center. It was was in substantial c of 42 CFR, Title 42	ompliance	Q 0000			
Q 0181				Q 0181			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001305	1	<u></u>	07/07/2023	
CAPITAI	MUST BE PRECEED	CENTER, LLC  T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)	DRIVE, SU	ITE 200	OULD BE	(X5) COMPLETE DATE
Q 0181	Continued from page 1  416.48(a) ADMINISTRAT  Drugs must be prepared an established policies and acc  This REQUIREMENT is n	d administered according ceptable standards of pra	Q 0181	Safe Injection Policy 213 warevised.  Medication Usage and Contra Policy 109 was revised.  Monitoring and Education:  The administrator will inform the surveyor's observations of the survey of the survey, contact of the survey of the survey, contact of the survey of the surv	m staff of relating tration. o all arding ge and taff s and resis. de rrective verning	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023
				conducted on an as needed b  The administrator will provide findings from the survey, con	de rrective verning	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001305		B. WING: _		07/07/2023	
CAPITAL	OVIDER OR SUPPLIER: SURGERY AND LASER C SE NUMBER: 23651501	EENTER, LLC	STREET ADDRESS, 10 CAPITAL I HARRISBURG	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0181	Continued from page 2			Q 0181			
	Based on review of fact and employee (EMP) is the facility failed to ensure properly labeled.  Findings Include:  On April 25, 2023, rev Injection Policy" does labeling per state/feder  On July 7, 2023, review "Medication Usage and 16, 2020, revealed "Put for the use and control Capital Surgery and La All injectable medications remove packaging will be labeled administered immediated Observation on July 7, (OR) one (1) on top of	iew of facility policy not address proper s al regulations.  w of facility policy 1 d Control" last appropriate and reducations used as a construction of medications used as a construction of the original decomposition of the original decompositi	y "Safe yringe  09 oved July a system within dure: 16. nges or l not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001305				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/07/2023		
CAPITAL	OVIDER OR SUPPLIER: SURGERY AND LASER OF SE NUMBER: 23651501	CENTER, LLC	STREET ADDRESS, 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0181	was noted to be filled and had a blue label the label did not identify the of person drawing, or some of the conformation of t	at said Fentanyl. The ne date, time of draw strength of medication 2023, in operating rather anesthesia cart, with a white liquid makes or identifying in 2023, EM es were not labeled of	e blue y, initials on. coom a syringe nedication formation	Q 0181			
Q 0241				Q 0241			

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		(XI) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:  39C0001305	A		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/07/2023	
CAPITAI	OVIDER OR SUPPLIER: L SURGERY AND LASEI NSE NUMBER: 23651501	R CENTER, LLC 1	TREET ADDRESS, 0 CAPITAL 1 HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DEFICEDED BY FULL REGULATORY OR INTIFYING INFORMATION)	R LSC PREFIX TAG CORRECTIVE		PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0241	adhering to professionall practice.			Q 0241	Policy 215 Cleaning and sterinstruments was revised.  Additional hand washing star have been created throughout surgery center.  Monitoring and Education:  The administrator informed the surveyor's observations in to standards of a sanitary environment.  All appropriate staff will be on the standards of a sanitary environment and educated of center's policies to include 2 207.1, 211 and 215.  Once 100% compliance of seducation is achieved, audits education will be conducted as needed basis.  The administrator will provifindings from the survey, co actions and results to the Go Board, Patient Safety Committee to the start of the safety Committee of the survey of the	staff of relating  educated y n our 102,  taff s and on an de rrective overning	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023

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			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	39C0001305		B. WING:			
VIDER OR SUPPLIER: SURGERY AND LASER C E NUMBER: 23651501	EENTER, LLC	10 CAPITAL	DRIVE, SU	ITE 200		
MUST BE PRECEEDE		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
Continued from page 5			Q 0241			
				QAPI Committee.		
	VIDER OR SUPPLIER: SURGERY AND LASER C E NUMBER: 23651501  SUMMARY STATEMENT MUST BE PRECEEDE IDENTII	RECTION (POC)  IDENTIFICATION NUMBER  39C0001305  VIDER OR SUPPLIER: SURGERY AND LASER CENTER, LLC  E NUMBER: 23651501  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)	RECTION (POC)  IDENTIFICATION NUMBER:  39C0001305  VIDER OR SUPPLIER: SURGERY AND LASER CENTER, LLC  E NUMBER: 23651501  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	A. BLDG: _ B. WING: _  VIDER OR SUPPLIER:  SURGERY AND LASER CENTER, LLC  E NUMBER: 23651501  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  IDENTIFICATION NUMBER:  A. BLDG: _ B. WING: _  STREET ADDRESS, CITY, STATE, Z  10 CAPITAL DRIVE, SUITARISBURG, PA 1711  PREFIX TAG	A. BLDG:00	RECTION (POC)    IDENTIFICATION NUMBER:   A. BLDG:00   07/07/2023    WIDER OR SUPPLIER:   STREET ADDRESS, CITY, STATE, ZIP CODE:   10 CAPITAL DRIVE, SUITE 200   HARRISBURG, PA 17110    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE    COntinued from page 5   Q 0241   DEFINITION   Q 0241

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER  39C0001305				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 07/07/2023	EY	
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		CENTER, LLC	STREET ADDRESS 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 0241	Based on review of fact and employee (EMP) is the facility failed to ent was maintained by adhacceptable standards of Findings include:  On July 7, 2023, review Prevention and Contro 11, 2023, revealed "Ust and Personnel Protectit treat all patients as if the infectious diseases. As dealing with any care the follow our Clinical Pol Pathogens) - this policy Standard Precautions at employees during any CSLC (Capital Surgery are required to wear progown and gloves when with patients."	nterview it was dete sure a sanitary environment of professional of practice.  w of facility policy "I Plan" last approved se of Standard Precaute Equipment (PPE) hey were 'high risk' fawell as the above twask our patients with licy - 201 (Blood Body follows guidelines and the use of PPE by care tasks with patiety and Laser Center).	Infection d January utions We for wo when h also orne of y all ents at Staff ask,	Q 0241			

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		(XI) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER	TIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001305				07/07/2023		
CAPITAL	VIDER OR SUPPLIER: SURGERY AND LASER OF	CENTER, LLC	STREET ADDRESS, 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0241	Continued from page 7			Q 0241				
	1. Observation on July postoperative area did coming into contact without wearing gloves.  2. Observation on July postoperative area did coming in contact with bodily fluids.  Interview with EMP1 confirmed EMP2 and I policy.	not don gloves prior th gauze that was so ted a fresh post-op p is on or near incision 7, 2023, of EMP3 in not don gloves prior a gauze that was soil on July 7, 2023, EM	to biled with atient site.  n to ed with					
	On July 7, 2023, review Prevention and Contro 11, 2023, revealed "Clo Non-Intraocular Instruments used at CS	l Plan last approved eaning and Sterilizir ments - All non-intr	January ng of aocular					

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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CAPITAL	OVIDER OR SUPPLIER: SURGERY AND LASER OF SE NUMBER: 23651501	CENTER, LLC	STREET ADDRESS, 10 CAPITAL I HARRISBURG	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
Q 0241	RO water and enzymat minutes per Instruction manufacturer."  Interview with EMP1 confirmed EMP4 and I cleaning and sterilizing Non-Intraocular instructions. Interview with EMP4 a EMP4 and EMP 5 conthow much enzymatic corequired for cleaning in	on July 7, 2023, EMEMP5 are responsible all Intraocular instruments.  and EMP5 on July 7 firmed they were not bleaner the manufact	P1 le for ruments and , 2023, t sure of urer	Q 0241			
Q 0264				Q 0264			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:  39C0001305			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/07/2023	
CAPITAL	OVIDER OR SUPPLIER: SURGERY AND LASER OF SERVINGER: 23651501	CENTER, LLC	STREET ADDRESS 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF IFYING INFORMATION)		1110 / 111111 / 111111 / 111111 / 111111 / 111111		OULD BE	(X5) COMPLETE DATE
Q 0264	Continued from page 9  416.52(b) POST-SURGICA  (1) The patient's post-surgical and documented in the medical qualified practitioner, or a minimum, post-operative cwith applicable State health practice, and ASC policy.  (2) Post-surgical needs must the discharge notes.  This REQUIREMENT is n	cal condition must be ass lical record by a physicia registered nurse with, at a are experience in accorda a and safety laws, standar at the addressed and inclusion	an, other a ance rds of	Q 0264	Policy 307 was revised.  Additional thermometers we purchased for our facility on Monitoring and Education:  The administrator informed the surveyor's observations repatients post-surgical concentration will be provided to appropriate staff regarding decriteria standards. Education regarding changes to our cerpolicy 307 will be provided appropriate staff.  Once 100% compliance of seducation is achieved, audits education will be conducted as needed basis.  The administrator will provifindings from the survey, conactions and results to the Goneral Board, Patient Safety Commence of Safety Committee.	staff of relating ditions. to all lischarge inter's to all lischarge to all de receive overning	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER  39C0001305				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/07/2023		
CAPITAL	OVIDER OR SUPPLIER:  SURGERY AND LASER OF SERVINGER: 23651501	CENTER, LLC	STREET ADDRESS, 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 0264	Based on review of factorecords (MR), and empty was determined the factorestablished policy to endoud the medical records (MR), MR8, MR9).  Findings Include:  On July 7, 2023, review "Discharge Criteria" effective 2012 revealed "Purpost guidelines for discharge Policy: 1. Vital signs at On July 7, 2023, review no evidence of document temperature vital signs at temperatu	bloyee (EMP) intervisitly failed to follow as a patients post-sed prior to discharge reviewed (MR1, MI) we of facility policy 3 fective date November: This policy establing patients from the re stable."  We of MR1 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has a patients of the entation that MR1 has a pat	urgical e for five R2,  007 ber 21, lishes e Center.  there was ad a charge.	Q 0264			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001305			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 07/07/2023		
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, 10 CAPITAL I HARRISBURG	DRIVE, SU	ITE 200			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0264	On July 7, 2023, review no evidence of docume temperature vital sign at On July 7, 2023, review no evidence of docume temperature vital sign at On July 7, 2023, review no evidence of docume temperature vital sign at Interview with EMP1 confirmed the temperature discharge on the MR n	entation that MR1 has assessed prior to disc w of MR8 revealed to entation that MR1 has assessed prior to disc w of MR9 revealed to entation that MR1 has assessed prior to disc on July 7, 2023, EM ture was not assessed	there was ad a charge. there was ad a charge. there was ad a charge.	Q 0264			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:			
		39C0001305			00	07/07/2023	23		
	VIDER OR SUPPLIER: SURGERY AND LASER O	CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE:  10 CAPITAL DRIVE, SUITE 200  HARRISBURG, PA 17110						
STATE LICENS	E NUMBER: <b>23651501</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI					(X5) COMPLETE DATE			
S 0000	INITIAL COMMENT  This report is the result of a State licensure survey conducted on July 7, 2023, at Capital Surgery and Laser Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		ery and y was not s and s, Annex	S 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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		39C0001305		B. WING		07/07/2023		
CAPITAL	VIDER OR SUPPLIER: SURGERY AND LASER C SE NUMBER: 23651501	CENTER, LLC	10 CAPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110				
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S 3250	Continued from page 1			S 3250				
			rate, nal range t e, or nposed alert or ffectively edure. or vomiting		Policy 307 was revised.  Additional thermometers we purchased for our facility on Monitoring and Education:  The administrator informed the surveyor's observations repatients post-surgical conditions.  Education will be provided the appropriate staff regarding decriterial standards. Education regarding changes to our cere policy 307 will be provided appropriate staff.  Once 100% compliance of steeducation is achieved, audits education will be conducted as needed basis.  The administrator will provided findings from the survey, confidence of the Gordan and results to the Gordan Patient Safety Committee of the conducted as needed basis.	7/10/23.  staff of elating ditions.  o all ischarge to all  taff and on an  de rrective verning	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	
					QAPI Committee.			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501			STREET ADDRESS, 10 CAPITAL : HARRISBUR	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 3250	Continued from page 2  Based on review of face records (MR), and empty was determined the face met required discharge five of ten medical records (MR7, MR8, MR9).  Findings Include:  On July 7, 2023, review "Discharge Criteria" effective for discharge Policy: 1. Vital signs at On July 7, 2023, review no evidence of document temperature vital sign at temp	oloyee (EMP) intervisitly failed to ensure criteria prior to discords reviewed (MR1) of facility policy 3 fective date November This policy establing patients from the re stable."  W of MR1 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has assessed prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover of MR2 revealed the entation that MR1 has a second prior to discover	patients charge in , MR2, MR2, MR2, MR2, MR2, MR2, MR2, MR	S 3250			

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:			
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CAPITAL	NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501			STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110						
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S 3250	MUST BE PRECEEDED BY FULL REGULATORY OR LSC		nd a charge.  here was nd a charge.  here was nd a charge.	S 3250						
S 551E				S 551E						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER  39C0001305			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/07/2023			
CAPITAL	VIDER OR SUPPLIER: SURGERY AND LASER OF SEINUMBER: 23651501	CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110					
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 551E	Continued from page 4  555.13 Administration of D  555.13 Administration of d  Drugs shall be administration of d  Drugs shall be administered of a practitioner acting practitioner's license and austaff bylaws, rules and reguladministered directly by a put to medical staff bylaws, rule professional nurse or by a lipharmacy training. Physicil registered nurse practitioner administer drugs within the Further policies on the administer drugs within the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the medical spharmaceutical services or part of the stablished by the stablish	stered only upon the prop g within the scope of the thorized according to me lations. Drugs shall be practitioner qualified access and regulations or by idensed practical nurse wan assistants and certifiers shall be permitted to ir authorized scope of prinistration of drugs shall staff in conjunction with personnel.	edical ording a vith d	S 551E	Safe Injection Policy 213 warevised.  Medication Usage and Contract Policy 109 was revised.  Monitoring and Education:  The administrator will inform the surveyor's observations of the s	m staff of relating tration. o all arding trading trad	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	
				findings from the survey, co actions and results to the Go Board, Patient Safety Comm QAPI Committee.	verning			

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NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110	
CAPITAL SURGERY AND LASER CENTER, LLC 10 CAPITAL DRIVE, SUITE 200	
STATE LICENSE NUMBER: 23651501	
PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHOULD BE COL	(X5) COMPLETE DATE
Based on review of facility documents, observation, and employee (EMP) interview it was determined the facility failed to ensure syringes with medication were properly labeled.  Findings Include:  On April 25, 2023, review of facility policy "Safe Injection Policy" does not address proper syringe labeling per state/federal regulations.  On July 7, 2023, review of facility policy 109 "Medication Usage and Control" last approved July 16, 2020, revealed "Purpose: To establish a system for the use and control of medications used within Capital Surgery and Laser Center Procedure: 16.  All injectable medications drawn in to syringes or oral medications removed from the original packaging will be labeled appropriately if not administered immediately.  Observation on July 7, 2023, in operating room (OR) one (1) on top of the anesthesia cart, a syringe	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001305			<u></u>	07/07/2023	
NAME OF PROVIDER OR SUPPLIER:  CAPITAL SURGERY AND LASER CENTER, LLC  STATE LICENSE NUMBER: 23651501		CENTER, LLC	STREET ADDRESS, 10 CAPITAL 1 HARRISBURG	DRIVE, SU	ITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 551E			e blue y, initials on. coom a syringe nedication formation	S 551E			
S 6701				S 6701			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/OPEN (DENTIFICATION NUMBER (DENTIFI		₹:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
		39C0001305			<u></u>	07/07/2023		
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501			STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110					
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S 6701	Continued from page 7			S 6701				
	567.1 CHAPTER 567 - EN 567.1 Principle  The ASF shall have a sconstructed, equipped and maintained to ASF personnel from cross-infection and to prote patients.  This REGULATION is not	sanitary environment, proportion protect surgical patients of the health and safety of	operly s and		Policy 215 Cleaning and sterinstruments was revised.  Additional hand washing stathave been created throughout surgery center.  Monitoring and Education:  The administrator informed the surveyor's observations of a sanitary environment.  All appropriate staff will be on the standards of a sanitary environment and educated of center's policies to include 2 207.1, 211 and 215.  Once 100% compliance of steducation will be conducted as needed basis.  The administrator will proving findings from the survey, conductions and results to the Go Board, Patient Safety Committee as the standards of the survey	tions at the  staff of elating  educated y n our 02,  taff and on an	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

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#### Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39C0001305		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: <b>07/07/2023</b>			
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501			STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110						
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S 6701	Continued from page 8			S 6701	QAPI Committee.				

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		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001305				07/07/2023		
NAME OF PROVIDER OR SUPPLIER:  CAPITAL SURGERY AND LASER CENTER, LLC  STATE LICENSE NUMBER: 23651501			STREET ADDRESS, 10 CAPITAL HARRISBUR	DRIVE, SU	ITE 200			
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S 6701	Continued from page 9			S 6701				
	Based on review of fact and employee (EMP) is the facility failed to en was maintained by add acceptable standards of Findings include:  On July 7, 2023, review Prevention and Control 11, 2023, revealed "Ust and Personnel Protection treat all patients as if the infectious diseases. As dealing with any care of follow our Clinical Polypathogens) - this policy Standard Precautions are employees during any CSLC (Capital Surgery are required to wear progown and gloves where with patients."	interview it was determined a sanitary environment of professional of practice.  We of facility policy "of Plan" last approved see of Standard Precaute Equipment (PPE) they were 'high risk' of swell as the above to task our patients with licy - 201 (Blood Body follows guidelines and the use of PPE becare tasks with patiety and Laser Center).	Infection Infect					

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		39C0001305			<u></u>	07/07/2023		
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110					
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S 6701	Continued from page 10			S 6701				
	1. Observation on July 7, 2023, of EMP2 in postoperative area did not don gloves prior coming into contact with gauze that was so bodily fluids and assisted a fresh post-op pawithout wearing gloves on or near incision  2. Observation on July 7, 2023, of EMP3 in postoperative area did not don gloves prior coming in contact with gauze that was soile bodily fluids.  Interview with EMP1 on July 7, 2023, EMP confirmed EMP2 and EMP3 did not follow policy.		to iled with atient site.  n to ed with					
	On July 7, 2023, review of facility Infection Prevention and Control Plan last approved 3 11, 2023, revealed "Cleaning and Sterilizing Non-Intraocular Instruments - All non-intra instruments used at CSLC are placed in a base							

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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 39C0001305		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: <b>07/07/2023</b>			
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501			STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110						
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S 6701	RO water and enzymat minutes per Instruction manufacturer."  Interview with EMP1 confirmed EMP4 and I cleaning and sterilizing Non-Intraocular instrumentary with EMP4 at EMP4 and EMP4 and EMP5 conthow much enzymatic corequired for cleaning in	on July 7, 2023, EMEMP5 are responsible all Intraocular instruments.  and EMP5 on July 7 firmed they were not bleaner the manufact	P1 le for ruments and , 2023, t sure of urer	S 6701					

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# **Certified End Page**

#### CAPITAL SURGERY AND LASER CENTER, LLC

STATE LICENSE NUMBER: 23651501 SURVEY EXIT DATE: 07/07/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

#### PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY